Community Partnership Student Survey

This survey is about alcohol, tobacco, marijuana, methamphetamine and prescription drug use. Your thoughts and opinions are very important. Please answer each question honestly, based on what you really do and what you really know. The information you give will be used to help schools, youth groups, community organizations and others develop better health education programs and services for young people like yourself.

Please read and answer each question, as indicated.

The survey is private. Don't write your name or any ID number on the survey form. No one will know how you answered the questions. The survey is voluntary. It is not a test. Whether or not you answer the questions will not affect your grade in this class.

IMPORTANT DIRECTIONS

Mark your answers directly on this survey.

If convenient, please complete the survey with a pen.

Make sure you keep marks within the space provided.

Color in the O

If you complete the survey with a pen and decide to change your answer,

please write "yes" next to the correct choice.
YOUR CHOICES ABOUT ALCOHOL, TOBACCO AND OTHER DRUG USE

In this section we ask you about alcohol, tobacco, marijuana, methamphetamines and prescription drugs. Please answer honestly. Remember, you are not asked to put your name on this form, so no one will ever be able to tell how you answered.

ABOUT TOBACCO

1. Have you ever smoked a cigarette?
   1 O Yes
   2 O No

2. How old were you when you smoked a whole cigarette for the first time?
   1 O  I have never smoked a whole cigarette.
   2 O  8 years old or younger
   3 O  9 or 10 years old
   4 O  11 or 12 years old
   5 O  13 or 14 years old
   6 O  15 or 16 years old
   7 O  17 years old or older

3. During the last 30 days, on how many days did you smoke a cigarette?
   1 O  0 days
   2 O  1 or 2 days
   3 O  3 to 5 days
   4 O  6 to 9 days
   5 O  10 to 19 days
   6 O  20 to 29 days
   7 O  All 30 days

4. During the last 30 days, how frequently have you smoked cigarettes?
   1 O  Never
   2 O  Less than one cigarette per day
   3 O  One to five cigarettes per day
   4 O  About one-half pack per day
   5 O  About one and one-half packs per day
   6 O  Two packs or more per day

ABOUT ALCOHOL

5. Have you ever drank alcohol?
   1 O  Yes
   2 O  No

If you have never drank alcohol, go to Question 8. If you have drank alcohol, fill out the next questions.

6. How old were you when you drank an entire drink (example, can or bottle of beer, shot of liquor, glass of wine) for the first time?
   1 O  I have never drank an entire drink.
   2 O  8 years old or younger
   3 O  9 or 10 years old
   4 O  11 or 12 years old
   5 O  13 or 14 years old
   6 O  15 or 16 years old
   7 O  17 years old or older

7. On how many occasions (if any) have you had alcoholic beverages to drink during the last 30 days?
   1 O  0
   2 O  1-2
   3 O  3-5
   4 O  6-9
   5 O  10-19
   6 O  20-39
   7 O  40+

ABOUT MARIJUANA

8. Have you ever used marijuana?
   1 O  Yes
   2 O  No

If you have never used marijuana, go to Question 11. If you have used marijuana, fill out the next questions.

9. How old were you when you used marijuana for the first time?
   1 O  I have never used marijuana.
   2 O  8 years old or younger
   3 O  9 or 10 years old
   4 O  11 or 12 years old
   5 O  13 or 14 years old
   6 O  15 or 16 years old
   7 O  17 years old or older
10. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil) during the last 30 days?

1 O 0 days
2 O 1 or 2 days
3 O 3 to 5 days
4 O 6 to 9 days
5 O 10 to 19 days
6 O 20 to 29 days
7 O All 30 days

ABOUT METHAMPHETAMINE

11. Have you ever used methamphetamine?

1 O Yes
2 O No

If you have never used methamphetamine, go to Question 14. If you have used methamphetamine, fill out the next questions.

12. How old were you when you used methamphetamine for the first time?

1 O I have never methamphetamine.
2 O 8 years old or younger
3 O 9 or 10 years old
4 O 11 or 12 years old
5 O 13 or 14 years old
6 O 15 or 16 years old
7 O 17 years old or older

13. On how many occasions (if any) have you used methamphetamine (meth, speed, crank, crystal meth), by any method, during the last 30 days?

1 O 0
2 O 1-2
3 O 3-5
4 O 6-9
5 O 10-19
6 O 20-39
7 O 40+

ABOUT PRESCRIPTION DRUGS

14. Have you ever used any prescription drugs that were not prescribed for you by a doctor, or that you took only to get high?

O Yes
O No

If you have never taken any prescription drugs that were not prescribed for you by a doctor, or that you took only to get high, go to Question 17. If you have used anyone else’s prescription drugs, fill in the next questions.

15. How old were you when you took any prescription drugs that were not prescribed for you by a doctor, or that you took only to get high used anyone else’s prescription drugs for the first time?

1 O I have never taken any prescription drugs that were not prescribed for me by a doctor, or that I took only to get high.
2 O 8 years old or younger
3 O 9 or 10 years old
4 O 11 or 12 years old
5 O 13 or 14 years old
6 O 15 or 16 years old
7 O 17 years old or older

16. On how many occasions (if any) have you taken any prescription drugs that were not prescribed for you by a doctor, or that you took only to get high, during the last 30 days?

1 O 0
2 O 1-2
3 O 3-5
4 O 6-9
5 O 10-19
6 O 20-39
7 O 40+
YOUR BELIEFS ABOUT RISKS

ABOUT TOBACCO

17. Can people get addicted to using tobacco just like they can get addicted to using cocaine or heroin?

1 O Definitely yes
2 O Probably yes
3 O Probably not
4 O Definitely not

18. Do you think young people risk harming themselves if they smoke from 1 - 5 cigarettes per day?

1 O Definitely yes
2 O Probably yes
3 O Probably not
4 O Definitely not

ABOUT ALCOHOL

19. How much do you think people risk harming themselves (physically or in other ways), if they try one or two drinks of an alcoholic beverage (beer, wine, liquor)?

1 O No risk
2 O Slight risk
3 O Moderate risk
4 O Great risk
5 O Can’t say, drug unfamiliar

20. How much do you think people risk harming themselves (physically or in other ways), if they have five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice each weekend?

1 O No risk
2 O Slight risk
3 O Moderate risk
4 O Great risk
5 O Can’t say, drug unfamiliar

ABOUT MARIJUANA

21. How much do you think people risk harming themselves (physically or in other ways), if they try marijuana once or twice?

1 O No risk
2 O Slight risk
3 O Moderate risk
4 O Great risk
5 O Can’t say, drug unfamiliar

22. How much do you think people risk harming themselves (physically or in other ways), if they smoke marijuana regularly?

1 O No risk
2 O Slight risk
3 O Moderate risk
4 O Great risk
5 O Can’t say, drug unfamiliar

ABOUT METHAMPHETAMINE

23. How much do you think people risk harming themselves (physically or in other ways), if they try methamphetamine once or twice?

1 O No risk
2 O Slight risk
3 O Moderate risk
4 O Great risk
5 O Can’t say, drug unfamiliar

24. How much do you think people risk harming themselves (physically or in other ways), if they take methamphetamine occasionally?

1 O No risk
2 O Slight risk
3 O Moderate risk
4 O Great risk
5 O Can’t say, drug unfamiliar
ABOUT PRESCRIPTION DRUGS

25. How much do you think people risk harming themselves (physically or in other ways), if they use any prescription drugs that were not prescribed for them by a doctor, or that they took to get high, just once?
   1  No risk
   2  Slight risk
   3  Moderate risk
   4  Great risk
   5  Can’t say, drug unfamiliar

26. How much do you think people risk harming themselves (physically or in other ways), if they use any prescription drugs that were not prescribed for them by a doctor, or that they took to get high, occasionally?
   1  No risk
   2  Slight risk
   3  Moderate risk
   4  Great risk
   5  Can’t say, drug unfamiliar

YOUR BELIEFS ABOUT YOUR FRIENDS AND PARENTS OPINIONS?

ABOUT TOBACCO

27. How do you think your close friends feel (or would feel) about you smoking one or more packs of cigarettes per day?
   1  Don’t disapprove
   2  Disapprove
   3  Strongly disapprove

28. How do you think your parents feel (or would feel) about you smoking one or more packs of cigarettes per day?
   1  Don’t disapprove
   2  Disapprove
   3  Strongly disapprove

ABOUT ALCOHOL

29. How do you think your close friends feel (or would feel) about you having five or more drinks once or twice each weekend?
   1  Don’t disapprove
   2  Disapprove
   3  Strongly disapprove

ABOUT MARIJUANA

31. How do you think your close friends feel (or would feel) about you smoking marijuana regularly?
   1  Don’t disapprove
   2  Disapprove
   3  Strongly disapprove

32. How do you think your parents feel (or would feel) about you smoking marijuana regularly?
   1  Don’t disapprove
   2  Disapprove
   3  Strongly disapprove

ABOUT METHAMPHETAMINE

33. How do you think your close friends feel (or would feel) about you trying methamphetamine occasionally?
   1  Don’t disapprove
   2  Disapprove
   3  Strongly disapprove

34. How do you think your parents feel (or would feel) about you trying methamphetamine occasionally?
   1  Don’t disapprove
   2  Disapprove
   3  Strongly disapprove

ABOUT PRESCRIPTION DRUGS

35. How do you think your close friends feel (or would feel) about you using any prescription drugs that were not prescribed for you by a doctor, or that you took only to get high?
   1  Don’t disapprove
   2  Disapprove
   3  Strongly disapprove
36. How do you think your parents feel (or would feel) about you using any prescription drugs that were not prescribed for you by a doctor, or that you took to get high?

1  O  Don’t disapprove
2  O  Disapprove
3  O  Strongly disapprove

DEMOGRAPHICS

What is your sex?
1  O  Male
2  O  Female

What is your grade in school right now?
1  O  6th grade
2  O  9th grade
3  O  12th grade
4  O  Other

How do you describe yourself? (Mark all that apply)
1  O  American Indian or Alaska Native
2  O  Asian
3  O  Black or African American
4  O  Hispanic or Latino
5  O  Native Hawaiian or Other Pacific Islander
6  O  White

Which school do you attend?
1  O  Chisago Lakes Middle School
2  O  Chisago Lakes High School
3  O  North Branch Middle School
4  O  North Branch High School
5  O  Rush City Elementary School
6  O  Rush City High School